

CITY OF NEWPORT**APPLICATION FOR EMPLOYMENT**

The City of Newport considers applicants for all positions without regard to race, color, sex, age, religion, national origin, disability, marital status or any other legally protected status.

(Please Print)

Position Applied For (Specific Job Title)

Date of Application

PERSONAL DATA

Last Name

First Name

Middle

Home Phone

Message Phone

()

()

Address

City

State

Zip

Business Phone

()

Social Security Number

State Age if you are under 18 _____

(State Law requires work permits for those age 14-17)

Are you a citizen of the United States or an alien authorized to work in the U.S.? ____ Yes ____ No

(Proof of U.S. Citizenship or Immigration Status will be Required Upon Employment)

Have you ever been employed by the City of Newport before? ____ Yes ____ No

If Yes, please provide dates and position title _____

Have you been convicted of a felony within the last seven (7) years? ____ Yes ____ No

(NOTE: a conviction will not necessarily bar you from employment A conviction will be judged on its own merits with respect to time, circumstances & seriousness.)

If Yes, please explain _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

SKILLS AND ABILITIES

LIST YOUR SPECIFIC SKILLS WHICH ARE PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING. (Machines used, Bilingual skills, Equipment used, Certification, Licenses, Etc.)

WORK EXPERIENCE

Start with your present or last job, LIST ALL WORK EXPERIENCE including military, volunteer and intern experience. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

Present or Last Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving		
Duties (Be specific):		Starting Date	
		Month	Year
		Leaving Date	
		Month	Year
		Salary \$ /month	

Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving		
Duties (Be specific):		Starting Date	
		Month	Year
		Leaving Date	
		Month	Year
		Salary \$ /month	

Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving		
Duties (Be specific):		Starting Date	
		Month	Year
		Leaving Date	
		Month	Year
		Salary \$ /month	

Next Previous Employer	Address		
Type of Business	Supervisor's Name	Title	Phone
Your Title	Reason for Leaving		
Duties (Be specific):		Starting Date	
		Month	Year
		Leaving Date	
		Month	Year
		Salary \$ /month	

BUSINESS/WORK REFERENCES

List name, address and telephone number of three (3) BUSINESS/WORK REFERENCES who are NOT related to you. If not applicable, list three (3) school or personal references who are NOT related to you.

Name and Occupation	Address	Phone Number

By my signature below, I certify that all answers to the questions and statements on the application are true and complete to the best of my knowledge. I understand that should the City learn, at any time, of any untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the City terminated. I hereby authorize past/present employers and educational institutions to release information concerning my work or educational history to be used solely in determining my qualifications for this position.

Signature: _____ Date: _____

PRE-EMPLOYMENT SUBSTANCE (DRUG) SCREENING MAY BE REQUIRED.

**AN EMPLOYMENT OFFER MAY BE CONTINGENT ON PASSING A PHYSICAL EXAMINATION
FOR SOME POSITION CLASSIFICATIONS.**

AMERICANS WITH DISABILITIES ACT ACCOMMODATIONS WILL BE PROVIDED UPON REQUEST.